IP'E		PART	5- FEE(S) TRA	NSMITTAL		
SEP 1 2 2005	this form, together wi	•	or	Fax	(703) 746-4000	or Patents ginia 22313-1450	,
***************************************			JE FEE and ders and no) specifying	PUBLIC tification a new co	ATION FEE (if requ of maintenance fees v orrespondence address	pired). Blocks 1 through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDEN	r any change of address)	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanyi papers. Each additional paper, such as an assignment or formal drawing, may be its own certificate of mailing or transmission.					
Robert C Curfiss Jackson Walker L 112 E Pecan Suite San Antonio, TX	LP 2100 78205				I hereby certify that the States Postal Service addressed to the Maitransmitted to the USF	rtificate of Mailing or Trannis Fee(s) Transmittal is being with sufficient postage for fill Stop ISSUE FEE addres PTO (703) 746-4000, on the	ng deposited with the Unite irst class mail in an envelop s above, or being facsimile date indicated below.
9/14/2005 HDESTAZ 00000025 09143232					Renee Trei	der	(Depositor's name)
1 FC:1501 1400.00 OF					- Ben	in Vulla	(Signature)
					February 3	2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/143,232	09/143,232 08/28/1998			. MONRO		067839.00700	3262
OF FULL MOTION AND	MULTIFUNCTION REMOT STILL IMAGES	E CONTROL SYS	TEM FOR A	AUDIO A	ND VIDEO RECORD	IING, CAPTURE, TRANSM	IISSION AND PLAYBACE
APPLN. TYPE	SMALL ENTITY	ISSUE FI	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370			\$0	\$1370	02/04/2005
EXAM	EXAMINER		ART UNIT		ASS-SUBCLASS]	
CHEVALIF	CHEVALIER, ROBERT		2616		386-046000	,	
CFR 1.363). Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED of PLEASE NOTE: Unless an assignee is identified below, no assignment of the printed of the pr			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGN Raytheon Com			RESIDENC		and STATE OR COUA	JNTRY)	
	e assignee category or catego				☐ Individual 凝 Co	orporation or other private gr	oup entity Government
4a. The following fee(s) are Issue Fee	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3322 (enclose an extra copy of this form).				
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The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the per	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	ue Fee and Publicati vill not be accepted ent and Trademark (ion Fee (if an from anyone Office.	y) or to re other tha	e-apply any previously an the applicant; a regi	y paid issue fee to the applications years and attorney or agent; or t	ation identified above. he assignee or other party in
Authorized Signature			Date February 3, 2005				
Typed or printed name	0867 11 5.	CM CTI	65			No. 37,456	
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